Approved for use through 1/31/2008, OMB 0651-0033 U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004								Applications of Control of Contro		
APPLICATION AS FILED - PART I (Column 2)						62014	ENTITY	OR		R THAN ENTITY
FOR	NUMBER	NUMBER FILED NUMBER		ER EXTRA		RATE (\$)	FEE (I)		RATE (S)	FEE (1)
ASIC FEE	NA		N/A]	P&A .	150.00		N/A .	300.00
EARCH FEE I CFR 1 18(U, 14. or (m))	N/A .			N/A]	NA .	\$250	· .	N/A	\$500
KAMINATION FEE	NA		N/A			NA	\$100		NA	\$200
OTAL CLAMS I CFR 116(I)		minus 20 +				X\$ 25 .		OR	X\$50 .	
DEPENDENT CLAIMS	mmus 3 =		•] [X100 .			X200	
PLICATION SIZE (E CFR 1 (6th))	is \$250 (\$125 for small entity) for each									
ATIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 16(1))						. +180=			+360=	<u></u>
The difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		, 1	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL (ENTITY	OR	OTHER SMALL	
51,00 RE	GLAMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR		RATE (5)	ADDI- TIONAL FEE (S)		RATE (6)	ADDI- TIONAL FEE (1)
Total drents	20 '	Vious	20			X\$.25		OR.	X\$50 .	
Independent . BF CFR LINNS	′) '	vienus	14	. (Ц	X100 -		OR	X200 .	
Application Size Fee (37 CFR 1.16(s))					H				.000	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.14(8))						+180=	$\overline{}$	GR	+360=	
						ADOL FEE		OR	ADD'L FEE	
	olumn 1)	·	(Column 2)	(Column 3)	ŕ	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
RE	LAMS MAINING VFTER. NOMENT	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		rate (1)	ADDI- TIONAL FEE (\$)	. •	RATE (S)	ADDI- TIONAL PEE (\$)
Total cargo v		linus **		■.		X\$ 25 .		OR .	X\$50 •	
Independent (FOT OFFI LIBATI	4	linus ·		•		X100 .		OR	X200 .	
Application Stre Fee (37 CFR 1.16(s))										
PRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1,16(1))						+180=		OR	+360±	
a di la casa di casa d						TOTAL ADDL FEE		OR	ADD'L FEE	

of the entry in column 1 is less than the entry in column 2, write "V in column 3.

"If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Righest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".

The "Righest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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The Trighest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

The Trighest Number Previously Paid For" in THIS SPACE is less than 30, enter "20".

The Trighest Number Previously Paid For" in THIS SPACE is less than 30, enter "20".

The Trighest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For in THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For in THIS SPACE is less than 3, enter "20".

The Trighest Number Previously Paid For in This Seal State In This